

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17772

State File No. \_\_\_\_\_

Registrar's No. 47

LED JUN 7 1943

Registration District No. 107

Primary Registration District No. 5422

1. PLACE OF DEATH:

(a) County Dunklin  
(b) City or town Kennett Rural  
(c) Name of hospital or institution: Independent  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) Fifty Five years

3. (a) PRINT FULL NAME Ella Overall

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eugene Overall 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Mar 1 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Masson Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

12. Name Ben King

13. Birthplace Masson Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Lina Stewart

15. Birthplace Don't Know Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Overall

(b) Address Kennett, R. 2, Mo

17. (a) Burial (b) Date thereof 8-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graves

18. (a) Signature of funeral director L. H. King

(b) Address Kennett Mo

19. (a) 5-27-43 (b) John Blumenship  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin  
(c) City or town Kennett Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. R 2 St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9  
year 1943 hour 6 minute 30 a M.

21. I hereby certify that I attended the deceased from Nov 1st 1943 to March 9 1943  
that I last saw her alive on March 9 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Heart Failure -  
re compensated heart

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 730

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Paul Ballou (M. D. or other) M 40

Address Kennett Mo Date signed 3-9-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 643-729

Date Filed 6-3-43

MAR 20 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Walter A. Hawbers

Licensed Embalmer No. 2002

P. O. Address Ken net me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.